

MULTIPLE DEPEN
CLAI
FEE CALCULATION SHEET
(FOR USE WITH F
PTO-875)

SERIAL NO.

0 / 596433

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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26		1				
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28		1				
29		1				
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31		1				
32		1				
33	X	X				
34	X	X				
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46						
47						
48						
49						
50						
TOTAL IND.	23	↓		↓		↓
TOTAL DEP.	29	↔		↔		↔
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						